
Debate

Health workers' strikes: a rejoinder rejected

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As I have long thought that the pursuit of truth may be furthered by discussing even what passes for, instead of consisting in, argument, I think it worth taking the space kindly offered by this journal's editor to respond to Glick's 'rejoinder' to my 'Striking Responsibilities' (1). His misunderstandings of the position put forward and reiterations of stale homilies are sufficiently common to repay attention lest they gain further currency. Apart from one small point (see vii below) the substance of Cannell's commentary (p 69) re-emerges in Glick's paper: I shall therefore confine my comments to the latter, in deference to readers' patience.

First a few reminders. I argued in my paper, not that strikes are a good thing; nor that they are always the best means of solving disputes; nor that they are always appropriate: but rather that the reasons all too often advanced by, for example, politicians who insist that health workers ought not to take strike action because of the consequences for patients may, *if valid*, be equally justly employed against the actions of the former – in effect, a *tu quoque* argument. To quote my paper: 'either the arguments adduced by those adopting . . . [such a] position apply to us all, and especially to those whose power over life and death is greatest . . . or they do not apply at all' (p 66), and this because 'If a person's death as a result of strike action is an evil which outweighs the good arising from such action, then other deaths arising from others' omissions – or commissions – fall under the same judgement by just the same token' (p 67). This alone disposes of a good deal of Glick's resolute avoidance of the issue raised. Furthermore, however, my argument concerned *health workers*, of whom doctors are a (small) part: yet, after his initial paragraph, Glick – unlike, in fairness, Cannell – refers exclusively to 'physicians'. My general point thus remains, even if one supposes that doctors are an exception to it because the 'physician patient bond' is 'sacred and ennobling' – a view for which Glick offers no argument, and which as it stands is mere rhetoric. The elitist, sexist (see (ii) below) and remarkably unreflective basis of the

position Glick repeatedly asserts suggests a role for doctors not unlike that which I attributed to (some) politicians: but since no arguments are offered in the process I shall not trouble to pursue this point here. My last general point is that I do not think my arguments are immune to criticism. For example, although I clearly do '*differentiate* (my emphasis) the right to strike from the right to leave a job' – *pace* Glick (see the two penultimate paragraphs of my paper) – just such a differentiation raises difficult questions about social direction, conscription, and the proper extent of mutual responsibilities as between State, groups (both professional and other) and individuals. Indeed, I suspect my argument must issue in a political framework within which the very notion of 'strike' which I accept would become problematic. And it is disappointing that no attempt whatever is made either by Glick or by Cannell to further discussion in this critical direction: after all, the whole point of my piece, as I should have thought obvious even to a careless reader, was to raise just such questions, questions about the nature, scope, and degree of responsibility, both moral and political – and of the relation between these – of various groups of citizens in a society. Is there an alternative to the model with which we presently operate, one characterised by cynical exploitation of power, the use of moral blackmail to sustain it, and much peddling of mystification – even in learned journals – to disguise it?

I shall sketch brief comments on thirteen of the assertions, half-hearted arguments, and gross misrepresentations Glick offers, following their order of appearance in his paper, but omitting those dealt with above.

(i) The assumption that striking health workers 'damage the patients' welfare for their personal benefit' is all too indicative of both the ignorance and the disgracefully arrogant lack of thought underlying Glick's response. It is inexcusable to write on these matters without bothering to inform oneself of what, for instance, brings nurses out on strike – the extent of considerations of personal benefit is, contrary to myth, very limited. The concern is in fact a concern for patients' welfare, worry that the job cannot be done properly because of exhaustion brought on by inadequate levels of staffing, many patients suffering

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because of broken-down equipment, increasingly unhygienic wards and theatres, lack of back-up services, and so on. Perhaps Glick – and others – might care to read people's own accounts of their reasons for going on strike, almost invariably with great reluctance and as a last resort (2). Furthermore, 'patients' welfare' is not the simple and obvious thing Glick assumes, for it is certainly not self-evident that the welfare of the community as a whole, both socially and historically, is irrelevant, that only the welfare of those who are currently patients (for whatever reasons and by whatever means) matters. Even a decidedly anti-socialist theoretician of medical ethics such as Robert Veatch acknowledges that 'If the physician is morally bound to serve the individual isolated patient, then it is unacceptable for a physician to take actions designed to protect the health of the community as a whole, especially if those actions are not for the benefit of some specific individuals. Yet many public health decisions require certain compromises with the liberty and *even the welfare* (my emphasis) of individuals in order to serve the common welfare of the public' (3). Of course such issues are complex, and of course a crude rule utilitarianism is not the last word: but ought the debate not be pursued rather than cut off?

(ii) Glick's claim to 'refer largely to democratic societies where societal decisions are reached by reasonably open and fair processes . . .' leaves open the question of which societies he actually has in mind; the sense and scope of his qualification, 'largely', invites questions about just which non-democratic societies he takes his views to have relevance for; and the naivety apparent in this confusion is confirmed by his approbation of the firmly anti-democratic view of physicians 'as "men (*sic!*) that stand above the common herd (*sic!!*) . . ."' and his smug view of 'physicians as leaders in society'.

(iii) Simply to assert that '... strikes ... represent[s] an unnecessary application of force' begs the question of whether or not as a matter of fact strikes are or are not necessary to achieve certain ends – as well as, again, missing the distinction between the view that certain ends justify the means, and the view that it is morally wrong to argue that the ends do not justify the means when pursued by others if one's own pursuit of ends is open to just the same analysis.

(iv) Glick says that 'There are few valid reasons why labour disputes of all kinds must continue to follow the law of the jungle': again, if *few*, then which are these few? Why does Glick fail even to attempt to distinguish valid from invalid reasons, and where does he find the view expressed that labour disputes *must* be resolved by means which are approved, advocated, and actively prosecuted by, for example, the present Government of Britain?

(v) To suggest that 'a third party' is 'deliberately punished' is not only cheaply and misleadingly emotive, but betrays an ignorance about the purpose of strikes which seems to me quite wilful: punishment is certainly not among them, even if such things as

warning, reminding, exercising moral pressure, threatening, or blackmailing might be. But again, my point is that whatever strikers inflict on third parties is inflicted, albeit in different ways, on the same third parties by others: and that these others thereby disqualify themselves from criticising strikers on these grounds.

(vi) Glick is 'unaware of any ethical theory . . . which justifies' punishing the innocent. Rule utilitarianism might well do so in certain circumstances, even if one accepts innocence on the scale he presumes (see viii). Whether this shows what is morally wrong about rule utilitarianism or not is of course another matter.

(vii) Glick's paragraph on the history of the strike weapon is not only breathtakingly ill-informed, but betrays an apparent assumption that 'the deprived, impoverished, and exploited worker' is a thing of the past. Unhappily this assumption is false, simply mirroring Cannell's extraordinary equation of 'voluntarily undertaking work' (p 69) with getting a job, as if the current unemployment figures had escaped his notice altogether. What would be his response, I wonder, if there were simply not enough volunteers to become doctors because they did not consider the financial and/or status rewards sufficient? (It is issues such as this that I think really do require discussion here.)

(viii) Glick's continued reference to 'innocent bystanders' is similarly naive: given his apparent enthusiasm for democracy I am surprised that he should appear unaware of the description thereof as 'government by the people for the people'. If this description of democracy is reasonable, then most (but not all – which raises real issues of mutual responsibilities and duties) patients have some responsibility as voters for the way in which government takes decisions about resource allocation and related policies in a social democratic society: and most patients are responsible *qua* citizen for the structures of ownership to which Glick here refers, especially in light of his view of democratic societies (see ii). In any case, he once again succeeds in overlooking the argument I pursue in terms of *tu quoque*.

(ix) On what grounds does the physician have a 'hallowed relationship' with patients? How and by whom is such a relationship hallowed, why is this hallowedness withheld from for instance porter-patient relationships, and what does it consist in anyway? Much more importantly, what is the nature of the reciprocity of responsibility demanded by such 'special' responsibility? Might not voters be under an obligation to ensure proper pay, conditions, and respect for those in whose eyes they themselves become so special? And might it not be because people *are* under such an obligation that professional groups are so often at pains to assert hallowedness or something similar in their own cases but deny it of relationships between cleaners, drivers, porters – in short, all 'non-

professionals' – and other people? It is to recall readers to the imbalances of power subsumed, overlooked, and perhaps inadvertently furthered by knee-jerk reactions to health workers' strikes that I marshalled the *tu quoque* arguments in my paper. Clearly I failed in this intention.

(x) 'There can therefore be little justification for a physicians' strike no matter what the provocation', writes Glick: but as he has thus far omitted to offer any *argument*, I must take issue with 'therefore' – especially since, asserting that there is *little* justification, he commits himself to the view that there is after all *some* justification (compare iv).

(xi) The fact that strikes can be 'used for trivial . . . reasons' does not show, or even tend to show, that where there are good and adequate reasons for going on strike (if there ever are) such action is nevertheless unjustified: and, quite consistently, the point again skirts round what I was arguing (see v and viii).

(xii) I agree that 'patients invariably suffer, often die, and physicians are brutalised and embittered in the process'. But *again*: on what grounds is the physician's or nurse's or porter's or cleaner's or cook's moral responsibility to patients (or, importantly, to others who are prevented from becoming patients because of decisions made about the allocation of resources, or who become patients all too briefly before becoming corpses for the same reason) relevantly different from that of a government minister? If dealing with private medicine, my question is even sharper: on what grounds are the consequences of a concern to make money, have the things it can buy, and enjoy the status it confers, less morally relevant than those of a striking health worker? Of course doctors are brutalised. But who are those sincerely to regret this whose own actions brutalise others? And what of the brutalisation of other health workers which is brought about by watching people suffer and die unnecessarily for want of even slightly better resources, or by having to do their job increasingly badly while still reassuring their patients? It will not do simply to assert that the undoubted brutalisation of doctors which employing the strike weapon might

result in is a consideration which without argument, thought, or apparently even minimal awareness of the point, *must* outweigh any other consequences whatever. Nor will it do to condemn one group of people because of the consequences of their actions while not condemning other groups whose activities have similar consequences – nor to fail to notice that that is what is going on.

(xiii) Why is it '*of course* (my emphasis) legitimate for physicians to resign . . .'? One might argue without self-evident inconsistency or even implausibility that, for example, the cost to the community of training should carry with it a finite degree of obligation towards that community: whether or not it 'would be essentially to countenance slavery' is, in shorthand, a question descriptive of some of the problems I have referred to regarding conscription, etc – it is not the end of argument but a beginning.

To continue would be unduly repetitious. I conclude that no case has been argued by Glick to support his 'thesis' that 'strikes by physicians and perhaps by others in the public sector are unethical *per se*': and that the case I put forward for rethinking the nature of our responsibilities has, unhappily, gone so far unchallenged.

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References and notes

- (1) *Journal of medical ethics*, June and December 1985 respectively: page references are to these numbers of the journal.
- (2) A good source for such accounts is London Health Emergency, 335 Gray's Inn Road, London WC1; or better still, one might talk with health workers who have taken or are taking strike action.
- (3) Veatch R M. *A theory of medical ethics*. New York: Basic Books, 1982. (Compare the editorial, *Journal of medical ethics*, June 1985; 2; 59–60. What Plato omits to consider in his insistence that the physician's duty is to the patient is the difference between 'patient' and 'person who is unwell'.)